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California's Health

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California's Health — Challenges for 1955

Chronic disease, air pollution and the impact of an expanding and shifting population will be of major concern in 1955 to the State Department of Public Health.

If the Salk vaccine proves effective in eliminating the crippling effects of polio, the department will have a major share in the responsibility for its distribution and use. Emphasis also will be placed on an accelerated mosquito control program to curb the incidence of encephalitis.

In his year-end report to Californians, Malcolm H. Merrill, M.D., State Director of Public Health, focuses attention on the challenging public health problems and programs facing the State in 1955.

Chronic Illness—Care and Rehabilitation

The department has an intimate concern in the provision of hospital, nursing home and rehabilitation facilities for the increasing number of chronically ill. Work in this field received further impetus in late 1954 when the Federal Hospital Survey and Construction Act was expanded by the Wolverton Act to provide assistance in the construction of diagnostic and treatment centers, rehabilitation centers and nursing homes.

Federal funds now available in California total $687,058 for construction and $119,444 for planning. If the State Legislature approves participation in the expanded program, state as well as federal funds will be available.

While it is essential to provide treatment facilities, of equal importance is an active rehabilitation program which will see the return of many of these patients to a useful and productive life.

Illness Survey

The problem of chronic disease is being attacked on another front, too. Since last May, a state-wide survey has been underway to determine the health of California's population. It will continue until mid-1955. While the survey also seeks many other types of information about health, it will determine for the first time the amount and nature of chronic illness in the State.

Air Pollution

By March 1st, the department will submit a preliminary report to Governor Goodwin J. Knight on its findings and recommendations in California's mounting air pollution problem. For two months a six-phase investigation, financed by $100,000 in emergency funds, has been in progress into the nature, sources and extent of air pollution and its effects on health and environment. The study is state-wide in scope and must be continued on a long-range basis. Air pollution's cumulative effect on health over a long period of exposure, as well as its immediate effects, must be considered.

Home Accidents

A probe into the specific causes of death of 1,446 Californians from accidents in the home was conducted last year for the first time. Accidents of all kinds are the leading killer of Californians from 1 to 35 years of age.

Occupational Health

The phenomenal growth of the State's population and its agricultural and industrial activities in recent years poses real occupational health problems. Thousands of new materials and processes have been introduced, creating new health problems which must be dealt with promptly—for example, the use of radio-active materials on a major scale in industry and medicine and the many new insecticides coming into use on our farms and ranches.

The continued increase in the number of industrial plants (approximately 200 annually) will call for a stepped-up occupational health program this year. Serious problems accompany such astounding increases in industry and in the urban population, which points up the formidable community task of relieving the demands made upon water supply, sewage and refuse collection systems.

Mosquito Control

The development of many thousands of additional agricultural acres through irrigation calls for increased emphasis in mosquito control. As more and more acreage is added, and as the volume of industrial waste waters increase, the mosquito control problem becomes of magnified concern.

Where in 1946 some 30 local control agencies spent $600,000 combatting mosquitoes in an irrigated area covering 6,000 square miles, 53 local agencies last year spent approximately $3,500,000 to combat the disease-bearing pests over some 30,000 square miles.

We are confronted by the critical need of curbing mosquito-borne encephalitis not only on the farm and ranch, but also in the thriving communities near the agricultural areas.

Fly Control

The population increase and growth of industry have increased the problem of fly control each year. Aggravating this situation is the resistance of flies to many of the popular insecticides. Development of this resistance may again emphasize the importance of basic sanitation and individual action rather than reliance on insecticides.

Poliomyelitis

The year of 1954 was a critical one for the testing of the Salk vaccine as the potential total weapon against the crippling effects of the disease. Not until the spring of 1955 will we know whether the vaccine is effective. If it is, then California will be faced with the task of organizing a practical and immediate immunization schedule.

In California, polio is a year 'round disease with the highest incidence occurring in summer months. Last year polio occurred in nearly every county, but was concentrated in Southern California and some sections of the Bay area.

Rabies

That rabies in wildlife is a constant threat to Californians was emphasized last month by the death of a Kern County woman who was bitten by a rabid skunk while on a camping trip.

Rabies is endemic among wild animals in many sections of the State and cases have been confirmed by laboratory examination in bobcats, coyotes, deer, foxes, raccoons, skunks and squirrels. However, humans are in more danger of contracting rabies from dogs. There is no justification now for the occurrence of rabies in dogs because available canine antirabies vaccines have been shown to be safe and give a very high degree of long-lasting protection to the inoculated animals.

Special Studies

The new year will be a challenging and productive one. In the State Department of Public Health many special studies will be carried on which will reveal new information about the prevention of blindness, influenza, home accidents and chronic diseases.

Additional study is in progress for the development of an encephalitis vaccine for humans and on a rapid test-tube method to assist in the diagnosis of polio. A continuing project is a study to identify unknown viruses causing encephalitis and a mosquito surveillance project designed to predict when an outbreak may occur.

Diarrheal Study

The value of investigation in charting public health problems was demonstrated at its dramatic best last year in a pilot study of diarrheal diseases in farm labor camps in Fresno County. Aware that between 60 and 70 percent of children of migratory farm laborers suffer diarrheal diseases yearly, the Department last summer concluded a four-year study of the situation.

The study disclosed that the control of diarrheal diseases may be significantly improved through one relatively inexpensive modification of the camp environment—provision of easily accessible water for washing and bathing purposes.

Summary

It must be a constant reminder to us in public health that California's rapidly expanding population, both rural and urban, multiplies its health problems.

Our prevention and control programs of the major killers of Californians, heart disease, cancer, disease of the blood vessels, accidents and tuberculosis, must be extended at an accelerated rate; our research projects must keep pace with the ever-changing health picture, and the results of our studies must be applied in practical fashion.

Tularemia in Europe

Tularemia was recognized in Sweden and Norway in 1930 and later spread to central Europe. The first recorded human case in France was in 1945.—*Bulletin of Hygiene, June 1954.*

Joint Conference on Mosquito Control Scheduled by State, National Groups

Topics of major interest in the field of mosquito abatement will be reported at a joint three-day conference of the California Mosquito Control Association with the American Mosquito Control Association in Los Angeles January 24-27. Some 200 representatives from mosquito control programs throughout the United States will gather to report on their own activities and to hear experts discuss the many phases of current programs.

This is the second joint conference that the two associations have held. The first one was held in Berkeley in 1949. In this meeting Richard F. Peters, Chief of the Bureau of Vector Control, California State Department of Public Health, will assume the office of president of the American Mosquito Control Association. C. Donald Grant, Manager of the San Mateo County Mosquito Abatement District, is president of the C.M.C.A.

Invitational papers will include the following:

Canada's Mosquito Control Program, Cecil R. Twinn, Ph.D., Head of the Veterinarian and Medical Entomology Unit, Canada.

Yellow Fever and Malaria Eradication Program in Latin America, Fred L. Soper, M.D., Director of the Pan American Sanitary Bureau.

Irrigated Agriculture and Mosquitoes, Arthur W. Lindquist, Sc.D., Head of the Section on Insects Affecting Man and Animals, U.S. Department of Agriculture.

Trends Apparent in Vector Control, John N. Henderson, Deputy Chief, Technical Development Laboratory, Communicable Disease Center.

U.S. Participation in International Malaria Control, Donald R. Johnson, Entomologist, Division of International Health, Public Health Service.

India's Malaria Control Program, Fred W. Knipe, Rockefeller Foundation.

Four symposia will also be featured:

9.30 a.m., Tuesday, January 25—*Encephalitis,* Dr. Karl F. Meyer, Hooper Foundation, chairman.

1.30 p.m., January 25—*Mosquito Source Reduction,* Harold F. Gray,

Alameda County Mosquito Abatement District, chairman.

9.30 a.m., Wednesday, January 26—*Chemical Control,* Dr. R. L. Metcalf, University of California, Riverside, chairman.

1.30 p.m., January 26—*Mosquito Ecology,* Dr. S. B. Freeborn, University of California, Davis, chairman.

Reports on military mosquito control activities will also be given.

Proceedings and papers of this conference will be published by the California Mosquito Control Association.

Shasta County Joins Ranks of Full-time Health Departments

Shasta County is the forty-sixth of California's 58 counties to provide organized, full-time public health services to its citizens. The new department, created on a full-time basis by the Shasta County Board of Supervisors, has been approved by the State Department of Public Health for receipt of State Public Health assistance funds, retroactive to July 12, 1954, date of the local action. These funds are made available under provisions of the California Health and Safety Code (Div. 1, Part 2, Chapter 8) and the California Administrative Code (Title 17, Chapter 3), laws and regulations adopted in 1947 to assist the development of public health services and to establish standards for local public health administration.

Shasta County has a resident population of more than 30,000 persons, but its recreational attractions draw an estimated 250,000 others into the county each year.

Vonnie Dunston, M.D., has been designated health officer and county physician.

Twelve rural counties in Northern California now remain without organized, full-time public health services. The problem of how to provide full-time services in these rural areas, most of which are sparsely populated, has been given much attention, both locally and by the State Department of Public Health. The 12 counties include Siskiyou, Modoc, Lassen, Tehama, Glenn, Lake, Nevada, Sierra, Amador, Calaveras, Tuolumne, and Alpine.

Californians on Governing Council Of APHA Announced

The American Public Health Association has announced the new listing of governing council members, which includes the following Californians:

Elective Councilors

Rodney R. Beard, M.D., Professor of Public Health and Preventive Medicine, Stanford University Medical School, San Francisco.

Richard F. Boyd, M.D., Medical Director, Region IX, U. S. Public Health Service, San Francisco.

Lester Breslow, M.D., Chief, Bureau of Chronic Diseases, California State Department of Public Health, Berkeley.

Miss Rena Haig, Chief, Bureau of Public Health Nursing, California State Department of Public Health, San Francisco.

Arthur C. Hollister, Jr., M.D., Chief, Bureau of Acute Communicable Diseases, California State Department of Public Health, Berkeley.

Charles E. Smith, M.D., Dean, School of Public Health, University of California, Berkeley.

Section Councilors

Edward Lee Russell, M.D., Orange County Health Officer, Santa Ana, *Representative, Southern California Public Health Association.*

Harold D. Chope, M.D., Director, San Mateo County Department of Public Health and Welfare, San Mateo, *Member, Section Council, Health Officers Section.*

Mrs. Ann W. Haynes, Chief, Bureau of Health Education, California State Department of Public Health, San Francisco, *Chairman, Public Health Education Section.*

Walter S. Mangold, Associate Professor of Public Health, School of Public Health, University of California, Berkeley, *Chairman, Engineering and Sanitation Section.*

Miss Lucretia A. Saunders, Assistant Chief, Bureau of Health Education, California State Department of Public Health, San Francisco, *Secretary, Public Health Education Section.*

Ellis D. Sox, M.D., San Francisco City and County Health Officer, *Representative, Northern California Public Health Association.*

Miss Helen E. Walsh, Chief, Nutrition Service, California State Department of Public Health, San Francisco, *Secretary, Food and Nutrition Section.*

Public Health Positions

Merced County

Senior Public Health Nurse: B.S. degree and one year of experience required. Salary range, $341 to $415. For further information write Andrew F. Murphy, Personnel Officer, Personnel Department, County of Merced, Courts Building, Merced.

Tulare County

Sanitarians: The Tulare County has positions open for three registered sanitarians. Salary starts up to $352, depending on qualifications. County car is furnished. Apply to V. Ralph Gunderson, Director of Sanitation, P.O. Box 110, Visalia.

State of California

Assistant Sanitary Engineer: Final filing date, January 21st. Examination date, February 12th. Salary range, $415 to $505. California residence not required. Experience must include two years of full-time experience, one year of which must have been in sanitary or public health engineering. The other year must have been in the same fields or in chemical or civil engineering. (Completion of a one-year postgraduate course in sanitary or public health engineering in a recognized college may be substituted for one year of the required experience.) Education must be equivalent to graduation from college with major work in sanitary, public health, chemical or civil engineering. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.)

Employment is with the State Department of Public Health in both Northern and Southern California.

Occupational Therapist for Physically Handicapped Children: Final filing date, January 25th. Examination date February 15th. Salary range, $341 to $415. Education must include completion of a recognized course in occupational therapy. Experience must include one year, after completion of the required education, of supervised experience in occupational therapy.

Positions are located throughout the State in conjunction with local school systems, but under auspices of the State Department of Public Health, or in resident schools under the Department of Education.

For further information on the above positions apply California State Personnel Board, 1015 L Street, Sacramento, or write to the California State Department of Public Health, 760 Market Street, San Francisco 2.

FLUORIDES AND TOOTH DECAY—VENTURA COUNTY STUDY

Frank E. Gallison, M.D., Health Officer, Harold E. Johnson, D.D.S., Public Health Dentist, and Lila M. Atkisson, M.P.H., Public Health Educator, Ventura County Health Department

Introduction

Some communities are served by water supplies having fluoride concentrations satisfactory for the prevention of dental caries. The children continuously resident in these localities will experience, on the average, about 65 percent less decay of permanent teeth than youngsters who consume fluoride-free water. It has been suggested in several investigations that the amount of fluoride required for optimal dental protection may vary in different communities because of climatic conditions (2).

A majority of the people in Ventura County, California, are served by water supplies which contain natural fluorides in concentrations from 0.4 to 1 part per million parts of water. Anticipating that the community might become interested in adding supplemental fluorides to the public water supplies, it seemed advisable to have at hand local data regarding the dental protection, if any, derived from the existing fluoride concentrations.

This study was designed to answer the following questions:

1. Have the life-long resident children of Oxnard, Santa Paula and Ventura experienced less tooth decay than youngsters who live in communities with fluoride-free water supplies?
2. Does the natural fluoride content of Ventura County water supplies cause dental fluorosis?
3. Is there any reason to supplement the naturally occurring fluorides to further reduce the incidence of tooth decay in the communities studied?

The procedure followed in this study was essentially the same as reported for similar investigations carried out by the United States Public Health Service. [(1) and (2).] Only children who had consumed water from a common source with the same known fluoride content from birth through their eighth year were included. Bottled water users were screened out. Children absent from the community for more than three months during this age period were excluded.

In cooperation with the public and parochial schools, an attempt was made to examine all youngsters in grades 3 through 10 who met the above conditions. An initial screening in the classroom eliminated children who had not been continuous residents since birth. Parents of the life-long residents completed a questionnaire which confirmed the child's residency and source of water used for drinking and cooking throughout his life.

Findings

1. The life-long resident children of Oxnard, Santa Paula and Ventura have experienced less permanent tooth decay than youngsters who have continuously consumed fluoride-free water. (Table 1.)

   Oxnard. (Includes some residents of El Rio and Port Hueneme areas, where same fluoride concentration exists.) Fluoride concentration: 0.7-0.8 ppm (parts per million). Children in both age groups, 8-11 and 12-15, have experienced 66 percent less decay of permanent teeth.

   Santa Paula. Fluoride concentration: 0.5-0.6 ppm. The 8-11 age group experienced 58 percent less decay of permanent teeth, and the 12-15 age group had 65 percent less.

   Ventura. Fluoride concentration: 0.4-0.5 ppm. The 8-11 age group experienced 46 percent less decay of permanent teeth, and the 12-15 age group had 59 percent less.

2. The Oxnard and Santa Paula children have received practically the same protection of permanent teeth as the life-long resident children of Aurora, Illinois, where the natural fluoride concentration of the water supply is 1.2 ppm. The Ventura youngsters received only slightly less benefit—about ⅜ tooth more being affected in the 8-11 age group and about ⅘ tooth more in the 12-15 age group. (Table 1.)
3. Some of the children in all three communities had signs of very mild or mild dental fluorosis (in mild fluorosis, white opaque areas appear within the tooth enamel

TABLE 1

RELATIONSHIP OF WATER SUPPLY FLUORIDES TO DENTAL CARIES EXPERIENCE IN PERMANENT TEETH OF CONTINUOUSLY RESIDENT CHILDREN OF THREE VENTURA COUNTY, CALIFORNIA, COMMUNITIES AS COMPARED WITH MUSKEGON, MICHIGAN, AND AURORA, ILLINOIS

Age group	Community	Fluoride ppm*	Number children inspected	DMF† teeth per child	Percentage reduction‡ permanent tooth decay in fluoride communities
8-11 years	Muskegon, Michigan	0	1,385	4.36	----
	Aurora, Illinois	1.2	1,617	1.77	59%
	Oxnard, California	.7-.8	253	1.48	66%
	Santa Paula, California	.5-.6	180	1.85	58%
	Ventura, California	.4-.5	96	2.37	46%
12-15 years	Muskegon, Michigan	0	1,366	10.82	----
	Aurora, Illinois	1.2	1,702	3.59	67%
	Oxnard, California	.7-.8	219	3.63	66%
	Santa Paula, California	.5-.6	92	3.77	65%
	Ventura, California	.4-.5	77	4.42	59%

* Fluoride ppm.—Community water supply fluoride content, parts per million, e.g. 1.2 parts fluoride to 1,000,000 parts water.
† DMF—Decayed, missing (extracted or indicated for extraction) and filled permanent teeth.
‡ Muskegon, Michigan, data used (nonfluoride community) to compute percentage reduction.

and add lustre to the appearance of the tooth). A high prevalence of mild and very mild fluorosis exists in the Oxnard area where the water supplies have a fluoride concentration of 0.7-0.8 ppm. The direct relationship between fluoride concentration and fluorosis noted in other studies (2) is evident here, also; as the fluoride concentration rises, the number of children with dental fluorosis increases. (Table 2.)

Summary and Conclusions

1. Ventura County children who consume water with a 0.7-0.8 fluoride concentration are receiving the maximum protection for their permanent teeth, as determined by other studies.
2. Appreciable protection against dental caries is being received by Ventura County children who consume water with 0.4-0.5 and 0.5-0.6 ppm fluoride concentrations.
3. The presence of very mild to mild fluorosis and the marked reduction in tooth decay experience in these communities ranging from 0.4 to 0.8 ppm fluoride concentration is probably due to the sub-tropical climate which causes a greater fluid intake.
4. The results of this study do not indicate that it would be either a necessary or an economical procedure to artificially supplement the naturally occurring fluorides in any of the communities investigated in Ventura County.

References

(1) Public Health Reports: Vol. 68, No. 2, February 1953, pp 141-148. Arnold, Dean, Knutson: "Effect of Fluoridated Public Water Supplies on Dental Caries Prevalence."

(2) Public Health Reports: Vol. 68, No. 5, May 1953, pp. 497-507. Galagan & Lamson: "Climate and Endemic Dental Fluorosis."

(3) California State Department of Public Health, Division of Dental Health. Unpublished Report 6/30/54: "Analysis of Dental Surveys Conducted in Fluoride and Non-Fluoride Areas in California."

TABLE 2

PREVALENCE OF FLUOROSIS, DISTRIBUTION OF SIGNS OF FLUOROSIS, AND COMMUNITY FLUOROSIS INDEXES IN RELATION TO FLUORIDE CONCENTRATIONS OF COMMON WATER SUPPLIES CONTINUOUSLY USED BY:

944 Children Examined in 3 Ventura County, California, Communities, 1954
726 Children Examined in 6 Arizona Communities, 1951 (2)
633 Children Examined in Aurora, Illinois, 1946 (2)

Community	Fluoride concentration parts per million	Number children examined	Children affected		Number of examined children with signs of fluorosis						Community fluorosis index*
			No.	Percent	Fluorosis absent		Fluorosis present				
					Normal	Questionable	Very mild	Mild	Moderate	Severe	
Oxnard	.7-.8	493	340	69	30	123	319	21	----	------	.86
Santa Paula	.5-.6	272	10	3.6	246	16	8	2	------	------	.07
Ventura	.4-.5	179	10	5.6	145	24	8	2	------	------	.13
Aurora	1.2	633	95	15.0	335	203	89	6	------	------	.32
Arizona											
Yuma	.4	82	3	------	53	26	2	1	------	------	.21
Tempe	.5	113	11	------	59	43	10	1	------	------	.30
Tucson	.7	316	53	------	120	143	38	10	5	------	.46
Chandler	.8	95	18	------	40	37	9	6	2	1	.52
Casa Grande	1.0	50	24	------	7	19	15	9	------	------	.85
Florence	1.2	70	39	------	17	14	18	10	9	2	1.12

* Pelton & Wilson, "Dentistry in Public Health," pp. 143-145.

NOTE: Age range for Ventura County group, 8-17 years; Arizona, 9-16 years; Aurora, Illinois, 12-14 years.
The three groups of children were diagnosed by different examiners. The data are therefore subject to the error of examiner differences.
Mean annual temperatures: Arizona communities, about 70 degrees.
Aurora, Illinois, about 50 degrees.
Ventura County, between 60 and 70 degrees.

Meetings Held for VNA Board Members, Directors and Supervisors

Two meetings for board members, directors and supervisors of Visiting Nurse Associations were held in California in November—one in Los Angeles and the other in San Jose. The meetings were arranged by the Bureau of Public Health Nursing of the State Department of Public Health and were co-sponsored by the National League for Nursing and the California League for Nursing.

These were the first meetings to be arranged by the bureau specifically for board members and nursing personnel of Visiting Nurse Associations.

The responsibility for planning was taken by the Bureau of Public Health Nursing at the request of several of the directors of visiting nurse associations and plans were made with local committees composed of VNA board members and directors of nursing. Twenty-seven of the 32 community Visiting Nurse Associations in the State were represented by 84 board members and 33 nurses. Others in attendance brought the total to 163.

The discussions centered about responsibilities of VNA board members and directors, financing, medical advisory committees, public education, and the relationships of Visiting Nurse Associations to the national, state and local Leagues for Nursing.

No country can successfully fight disease or promote the health of its people unless a well-organized health administration provides a solid framework.—*World Health Organization.*

California Health Officers Appointed To Study Committees

Study committees of the California Conference of Local Health Officers for 1955 have been named by the incoming president, Harold D. Chope, M.D., Director of the Department of Public Health and Welfare, San Mateo County. The conference has six study committees which meet several times during the year. Findings and recommendations of the committees are presented to the conference's Committee on Administrative Practice, to which all chairmen of the study committees belong. The CAP, in turn, presents its recommendations to the conference at plenary sessions in the spring and fall.

CAP will hold its first meeting of the year in the offices of the State Department of Public Health, San Francisco, January 17th and 18th. During that session they will consider the year's schedule for the study committees. Dr. Chope has circularized local health officers and the State Department of Public Health for items to be taken up by the study committees this coming year. These items are currently being reviewed, along with pending items carried over from last year.

OFFICERS AND COMMITTEES—1955

California Conference of Local Health Officers

Executive Committee

Harold D. Chope, M.D., President, San Mateo County.
Edward Lee Russell, M.D., Vice President, Orange County.
Ellis D. Sox, M.D., Secretary, San Francisco City and County.

Committee on Administrative Practices

Elmer M. Bingham, M.D., Chairman, San Joaquin Local Health District.
J. B. Askew, M.D., San Diego City and County.
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Henrik L. Blum, M.D., Contra Costa County.
A. Frank Brewer, M.D., Merced County.
David Frost, M.D., Alameda City.
Roy O. Gilbert, M.D., Los Angeles County.
James C. Malcolm, M.D., Alameda County.
Austin W. Matthis, M.D., Imperial County.
Ruth Moldenhauer, M.D., Placer County.
Robert D. Monlux, M.D., Fresno County.
Saul Ruby, M.D., San Jose City.
W. Elwyn Turner, M.D., Santa Clara County.

Study Committee on Disease Control and Laboratories

Herbert Bauer, M.D., Chairman, Yolo County.
Carolyn B. Albrecht, M.D., Marin County.
William C. Buss, M.D., Kern County.
Helen Hart, M.D., Santa Barbara City.
Victor H. Hough, M.D., Inyo County.
William B. McKnight, M.D., Plumas County.
Wilber J. Menke, Jr., M.D., Pasadena.
Joseph T. Nardo, M.D., Santa Barbara County.
Edward R. Pinckney, M.D., Napa County.
Lee A. Stone, M.D., Madera County.

Study Committee on Environmental Sanitation

Robert D. Monlux, M.D., Chairman, Fresno County.
Helen Hart, M.D., Santa Barbara City.
C. R. Kroeger, M.D., Mendocino County.
Mr. Mark J. Landquist, Modesto City.
Angus A. McKinnon, M.D., El Dorado County.
Edward R. Pinckney, M.D., Napa County.
Lee A. Stone, M.D., Madera County.
Hubert O. Swartout, M.D., San Luis Obispo County.
Donald E. Upp, M.D., Kings County.
Robert S. Westphal, M.D., Sonoma County.

Study Committee on General Services

Saul Ruby, M.D., Chairman, San Jose City.
John A. Carswell, M.D., Humboldt-Del Norte Counties.
Roy O. Gilbert, M.D., Los Angeles County.
I. D. Litwack, M.D., Long Beach City.
Austin W. Matthis, M.D., Imperial County.
Joseph T. Nardo, M.D., Santa Barbara County.
Everett M. Stone, M.D., Riverside County.
Hubert O. Swartout, M.D., San Luis Obispo County.
W. Elwyn Turner, M.D., Santa Clara County.
Donald E. Upp, M.D., Kings County.

Study Committee on Health Center Construction

Henrik L. Blum, M.D., Chairman, Contra Costa County.
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William C. Buss, M.D., Kern County.
Ira O. Church, M.D., Sacramento City and County.
Raymond C. Leer, M.D., Santa Cruz County.
W. Elwyn Turner, M.D., Santa Clara County.

Study Committee on Maternal and Child Health

A. Frank Brewer, M.D., Chairman, Merced County.
John A. Carswell, M.D., Humboldt-Del Norte County.
Roswell L. Hull, M.D., San Benito County.
Myron W. Husband, M.D., Monterey County.
Wilber J. Menke, Jr., M.D., Pasadena.
Ruth Moldenhauer, M.D., Placer County.
George F. O'Brien, M.D., Stanislaus County.
George M. Uhl, M.D., Los Angeles City.
Donald E. Upp, M.D., Kings County.
Robert S. Westphal, M.D., Sonoma County.
I. D. Litwack, M.D., Long Beach.

Study Committee on Records and Reports

David Frost, M.D., Chairman, Alameda City.
Carolyn B. Albrecht, M.D., Marin County.
Merle Cosand, M.D., San Bernardino County.
Frank E. Gallison, M.D., Ventura County.
Myron W. Husband, M.D., Monterey County.
Raymond C. Leer, M.D., Santa Cruz County.
H. G. Mello, M.D., Solano County.
James W. Moreland, M.D., San Bernardino City.
Everett M. Stone, M.D., Riverside County.
Edith F. Young, M.D., Sutter-Yuba Counties.

Conference Committee on State-wide Brucellosis Committee

Henrik L. Blum, M.D., Contra Costa County.

Conference Representatives on Committee of California Tuberculosis and Health Association, California Medical Association and C. C. L. H. O. to Study the Use of Liens and "Means Tests" in Public Tuberculosis Hospitals

J. B. Askew, M.D., San Diego City and County.
Harold D. Chope, M.D., San Mateo County.
W. Elwyn Turner, M.D., Santa Clara County.

Ad Hoc Committee on Subdivisions

Robert S. Westphal, M.D., Sonoma County.
J. B. Askew, M.D., San Diego City and County.
Henrik L. Blum, M.D., Contra Costa County.
C. R. Kroeger, M.D., Mendocino County.

The Executive Committee Will Serve As:

1. Ad Hoc Committee to Study a California Public Health Association.
2. Legislative Committee (also includes James C. Malcolm, M.D., Alameda County).

Conference Representative on California Tuberculosis and Health Association Regarding Budgets for Tuberculosis Patients

W. Elwyn Turner, M.D., Santa Clara County.

Conference Representatives to Meet With State Department of Mental Hygiene and Other Groups or Agencies Dealing With Mental Health, Mental Hygiene Clinics, etc.

Harold D. Chope, M.D., San Mateo County.
David Frost, M.D., Alameda City.
Saul Ruby, M.D., San Jose City.

Steering Committee on Maternity Bed Wastage

Herbert Bauer, M.D., Yolo County.

NEW ACTIVITIES OF PMS DIVISION DISCUSSED WITH CCLHO

The editors of *California's Health* asked Dr. Robert Dyar, Chief of the State Health Department's Division of Preventive Medical Services, to summarize for their readers the informal talk he gave on new activities of the division to the California Conference of Local Health Officers at their November meeting in Bakersfield. Dr. Dyar's summary is given below.

In this consideration of new activities of the Division of Preventive Medical Service, I propose to limit attention to those activities which are directly related to the conference. I intend to exclude from any consideration those program developments in individual local health departments now being carried out on the basis of existing policy.

Changes in the basic medical programs of the State Department of Public Health stem from four sources: the *first* is changing needs as expressed by local health departments; *second*, the program reflects the status of our budget and indicates whether or not such programs as chronic disease and mental health are included; *third*, program developments stem from the recommendations from special conferences held during the past year, such as the meetings on rural health, home nursing, school health and private physicians, and the use of maternity beds in general hospitals; and *fourth*, the program is an outgrowth of special studies, such as those of home accidents, evaluation of maternity beds in general hospitals, prevention of blindness, and morbidity survey reporting.

The developments and programs anticipated in the coming year in the field of maternal and child health are not new, but are rather a continuation of such present interests as the prevention of prematurity, the study of prenatal care, the evaluation of child health conferences and the prevention of accidents.

In the field of acute communicable disease, we shall be faced with decisions concerning the use and distribution of polio vaccine.

Your committee also has on its study agenda the consideration of the role of the local health department in occupational health. You will be faced with the question of how to implement the conference resolutions on a number of suggestions, such as local responsibilities in the field of mental health, and there are a number of ingredients in the development of new program interests of the department. These ingredients include the chronic disease activities survey carried out in some 50 local health departments; the presence of the Wolverton hospital legislation; the grant of money for epidemiologic investigation of the chronic diseases; and perhaps last, but not least, the increased interest of counties with respect to county hospital operations. Based on these considerations of program development for the department, I should like to suggest for specific consideration for the study committees of the conference, the following items:

1. The development of a guide for in-service training for chronic disease programs in local health departments.
2. Exploration of the relationship between vocational rehabilitation and public health at the local level.
3. The changing pattern in the use of hospital beds—maternity and tuberculosis particularly.
4. Home care for the tuberculous.
5. Selected special studies of the department, such as the project for the prevention of blindness, and the study on greater selectivity in venereal disease case finding.

This is only the beginning of items for consideration for your new conference committees. Others of greater or lesser importance will arise from time to time. However, in this group of continuing study assignments for the conference committees and in the development of new programs, you will see the assumption of increasing responsibilities in the field of health by public health. If we are to discharge these new responsibilities in a proper manner, early study of the questions involved in the administration of these programs is indicated.

State Rural Health Conference Meets in Fresno Feb. 11

A state-wide Conference on Rural Health will be held in Fresno February 11th and 12th under the auspices of the California Rural Health Council. Public Health workers and others interested in rural health are invited to participate.

The California Rural Health Council is composed of representatives of the California Medical Association, the California State Department of Public Health, the University of California Agricultural Extension Service, the U.C. School of Public Health, the California Congress of Parents and Teachers, the California State Farm Grange, the State Grange and the California Academy of General Practice. Its primary objective is to assist rural areas of the State in studying and solving their local health problems, including medical care, hospital facilities and public health. This assistance is offered through interested local community groups, local health councils, and local branches of the state organizations represented on the California Rural Health Council.

Further information on the Fresno conference will appear in the January 15th issue of *California's Health*.

Kern County Woman Dies of Rabies After Bite of Skunk

A Bakersfield woman who was bitten by a skunk while on a hunting trip with her husband in late October developed rabies on November 30th and died December 3d. This is California's first case of human rabies since 1952, and the twelfth since 1940.

The Kern County couple were hunting near the Kern-Tulare line in the upper Kern River area. The skunk entered their tent during the night and first bit the wife on the finger. She chased it away, but it returned later to bite her on the elbow.

At approximately the same date that the Bakersfield woman was bitten by a rabid skunk, two persons in

the same area of Tulare County were bitten by a raccoon, and another by a fox. The raccoon later died and the fox was killed. Laboratory tests of the brains of the animals are now being run to determine if rabies existed, and treatment of those bitten has been started.

In Napa County a child was bitten by a dog as he was attempting to help it after it had been struck by a car. The dog died and microscopic examination of the brain showed rabies. Treatment of the child was begun.

California has had an unusually high number of rabies cases in wild animals reported this year. Half of the 76 total animal rabies cases reported up to December 1 (38), occurred in wild animals.

Health Ranks as Problem

Among the concerns of our government for the human problems of our citizens, the subject of health ranks high. For only as our citizens enjoy good physical and mental health can they win for themselves the satisfaction of a fully productive, useful life. —*President Dwight D. Eisenhower, Message to Congress, January 18, 1954*

Review of Reported Communicable Diseases Morbidity by Month of Report November, 1954

Diseases With Incidence Exceeding the Five-year Median

Diseases	*Nov. 1954*	*Nov. 1953*	*Nov. 1952*	*5-Year Median*
Amebiasis	54	24	56	39
Coccidioidomycosis (disseminated)	6	4	5	5
Encephalitis, infectious, type undetermined	22	8	17	8
Food poisoning	130	217	42	87
German Measles	222	265	209	214
Hepatitis, infectious	142	113	144	41
Measles	736	963	607	607
Pertussis	438	113	235	263
Rabies, animal	6	16	5	5
Salmonella infections	61	51	23	38
Shigella infections	111	109	77	81
Tetanus	5	2	3	3
Typhoid fever	8	4	9	7

Diseases Below the Five-year Median

Diseases	*Nov. 1954*	*Nov. 1953*	*Nov. 1952*	*5-Year Median*
Brucellosis	5	1	11	11
Chickenpox	1,521	1,568	1,139	1,732
Diphtheria	7	1	8	8
Encephalitis, Inf. W.E.	--	--	1	2
Encephalitis, Inf., St. Louis	--	1	6	6
Influenza	7	25	66	38
Malaria	2	4	7	4
Meningitis, meningococcic	22	27	23	24
Mumps	1,626	1,814	1,913	1,814
Poliomyelitis, total	288	409	704	406
Poliomyelitis, paralytic	183	258	490	307
Streptococcal infections, Respiratory, including Scarlet Fever	498	537	475	537

Venereal Diseases

Diseases	*Nov. 1954*	*Nov. 1953*	*Nov. 1952*	*5-Year Median*
Syphilis	478	445	530	672
Gonococcal infections	1,134	1,162	1,128	1,346
Chancroid	6	8	23	[1]
Granuloma inguinale	--	1	--	[1]
Lymphogranuloma venereum	1	4	5	[1]

[1] Median not calculated.

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